

Sex: Myths, Facts, Feelings & Values

Grades 9-12, Lesson 16

Student Learning Objectives

The student will be able to ...

1. define and distinguish between the terms *hymen* and *circumcision* and consider the cultural messages they have received about them.
2. describe human sexual response, recognizing that sexual feelings are influenced by body chemistry and also by emotions and beliefs.
3. recognize four common misconceptions about sex and sexual response.
4. analyze the influence of cultural messages and personal values on sexual behavior decisions.

Agenda

1. Explain the purpose of the lesson.
2. Define and discuss the word “hymen.”
3. Define and discuss the word “circumcision.”
4. Do a quick lecture about the sexual response system using *Visuals 1-3*.
5. Use a small group activity and *The Sexual Myths Worksheet* and *Myth & Fact Reference Cards* to identify and debunk myths.
6. Close with a take-away messages activity.

This lesson was most recently edited on Feb 1, 2011.

Materials Needed

Student Materials

- ***The Sexual Myths Worksheet*** (one copy per student)

Classroom Materials

- ***Visuals 1-3*** (contained in this lesson & also available online as a PowerPoint slide: www.kingcounty.gov/health/FLASH)
- ***Myth & Fact Reference Cards*** (one class set, preferably on card stock, cut on dotted lines)

Teacher Preparation

The day before the lesson ...

- **Make copies** of Materials Needed (see above).

Standards

National Health Education Standard:

- **Standard 2:** Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
Performance Indicator 2.12.8: Analyze the influence of personal values and beliefs on individual health practices and behaviors.

Washington State Health Education Standard:

- **Essential Academic Learning Requirement (EALR) 3:** The student analyzes and evaluates the impact of real-life influences on health.
Grade Level Expectations (GLE): 3.1.1 Analyzes how family and cultural diversity enriches and affects personal health behaviors.

Rationale

The **FLASH** curriculum attempts to prepare students for life-long sexual health. We hope to increase the likelihood of their communicating well and experiencing satisfaction in marriage, partnership, or other long-term relationships.

This lesson attempts to:

- convey the attitude that our sexuality (including the sexual response system) is a gift,
- provide a positive, uncomplicated knowledge base regarding the sexual response system,
- replace common myths and misconceptions about sex with accurate information,
- reassure students of the wide range of "normal" bodies and sexual responses, and
- help students recognize and analyze the cultural messages and life experiences that may affect their sexual feelings and decisions.

High school students are, for the most part, developmentally ready for the challenge. They know that romantic relationships take effort and they want and need to begin to grapple with some of the difficult issues that couples face. Of course, each educator knows his or her students best. Their social and emotional maturity must be factored into the decision about whether to use a lesson on sex and sexual response.

Background information on male circumcision (for your information and to share only as needed): In 2005 [in the United States], about 56 percent of male newborns were circumcised prior to release from the hospital according to statistics from the Agency for Healthcare Research and Quality.¹ Predominantly Muslim nations, Israel, Philippines and South Korea all have male circumcision rates higher than 80%. Most nations in East Asia, Europe, Southern Africa, and Central and South America circumcise males less than 20% of the time.² Circumcision rates have declined in the US from 1970s to today, with a slight rise during the 1990s. Rates of circumcision are lower in the American West at 31.4% in 2003³, whereas a study in Maryland in 2007 found a circumcision rate of 75.3%.⁴

There is currently a debate about whether male circumcision is an effective HIV prevention tool. Some studies conducted in Africa have shown a marked decrease in the transmission of HIV amongst circumcised men vs. uncircumcised men when having insertive vaginal sex. It is not yet known if these studies are comparable to the American context of low prevalence HIV and the difference between strains of HIV in the US vs. in Africa. However, a large retrospective study of circumcision in nearly 15,000 infants found neonatal circumcision to be highly cost-effective, considering the estimated number of averted cases of infant urinary tract infection and lifetime incidence of HIV infection, penile cancer, [and other conditions].⁵

Because male circumcision causes the skin formerly underneath the foreskin to harden, some people claim that males lose sensation. "Well-designed studies of sexual sensation and function in relation to male circumcision are few, and the results present a mixed picture. Taken as a whole, the studies suggest that some decrease in sensitivity of the glans to fine touch can occur following circumcision."⁶ The challenge for researchers is that most American males who are circumcised, were operated on just after birth, so they are not able to report whether or not they had more sensitivity before they were circumcised.

In 1999, the American Academy of Pediatrics (AAP) changed from a neutral stance on circumcision to not recommending routine neonatal male circumcision due to lack of data. The

Academy also stated, "It is legitimate for the parents to take into account cultural, religious, and ethnic traditions, in addition to medical factors, when making this choice". This position was reaffirmed by the Academy in 2005."⁷ They are currently reexamining data.

Background information on female circumcision (for your information and to share only as needed): An estimated 100 to 140 million girls and women worldwide are currently living with the consequences of FGM (about 1/6 the rate of male circumcision). Female circumcision is primarily done for cultural, religious, and family reasons. It is mostly carried out on young girls sometime between infancy and age 15 years. Procedures can cause severe bleeding and problems urinating, and later, potential childbirth complications and newborn deaths.

Some doctors debate whether the medical establishment should perform female circumcision, in the form of a small cut, if the alternative is potentially dangerous surgery at home performed by non-health care providers. This debate began because of families immigrating to the US from nations where FGM is prevalent and expected.

The difference: To some people, this discrepancy between male and female circumcision is difficult to understand or justify. Opponents of male circumcision sometimes use current thinking about female circumcision to justify the banning of male circumcision. There is no medical evidence that female circumcision in any way improves the health of women and it often has serious side effects and long term consequences. In contrast, there is some evidence that male circumcision *may* reduce infection with HIV, while serious side effects and long term consequences are rare and minor.

Activities

Note: Instructions to you are in regular font. A suggested script is in *italics*. Feel free to modify the script to your style and your students' needs.

1. Explain the purpose of the lesson.

Today we're talking about sexual response and sexual feelings, myths about genitals, attitudes about hymens, and what makes sex enjoyable. This lesson will give you:

- *accurate facts about sex and about the sexual response system (because there are all sorts of myths and misconceptions floating around), and*
- *the ability to recognize nonsense about sex and sexual response when you hear it and to distinguish between sexual values and facts.*

2. Define and discuss hymen.

Write the word "hymen" on the board and discuss it, if it hasn't already come up in the unit.

The hymen, also known as the vaginal corona, is a bit of skin that most baby girls are born with just inside the opening to the vagina. As female fetuses were developing, the hymen covered the opening to the vagina. Usually by the time she's born, a baby girl's hymen still partly covers the opening. It can be as fragile as the skin inside an eggshell or more stretchy and flexible. It can look like flower petals around the edge of the opening or more like lace partly covering the opening. It looks different in every girl. Sometimes it gets stretched open by a tampon or her fingers or intense physical exercise like horseback riding or gymnastics or during an injury accident. Occasionally it blocks the opening to the vagina altogether so that a doctor has to make a little opening to allow her to have periods.

If she still has some unstretched bits of hymen when she starts having sexual touch with a partner, their finger or penis may stretch it further. If they're gentle and communicate well and her hymen isn't too thick it may not hurt to stretch it, but there could be a little blood. Nothing "breaks." It isn't a bone. Nothing "pops." It isn't a balloon. It's just a little skin.

3. Define and discuss circumcision.

Write the word "circumcision" on the board. This topic may have come up during the anatomy lesson. Today's focus is the cultural and medical background for circumcision. Circumcision has been performed on both males and females. It is a controversial topic, so below we have provided facts and a range of beliefs about both male and female circumcision. Share as you see fit or in response to student questions.

In males, circumcision is "the surgical removal of some or all of the foreskin ... from the penis."⁸ You may hear the slang terms cut and uncut, meaning circumcised and uncircumcised. It is currently legal in most nations in the world. However, there's a very wide range of beliefs about male circumcision. In some religions, boys are routinely circumcised as a matter of membership in the community. But some people consider it wrong to circumcise a boy as it's rarely medically necessary and is believed to reduce sensation. On the other hand, some studies have found that baby boys who've been circumcised have fewer urinary tract infections and that circumcised men have lower HIV risk.⁹ The American

Academy of Pediatrics says, “Existing scientific evidence demonstrates potential medical benefits of newborn male circumcision; however, these data are not sufficient to recommend routine neonatal circumcision ... parents should determine what is in the best interest of the child.”¹⁰ Rates of male circumcision vary by nation and even regions within nations, religion, race, ethnicity, culture and generation. Just over half of American males are circumcised, often at birth, but the rate is declining.

Female circumcision, also known as female genital mutilation (FGM), is the partial or total removal of the female genitals or other injury to a girl's genitals – the outside parts of her reproductive system – for non-medical reasons.

- “The procedure has no health benefits for girls and women.
- [FGM] can cause severe bleeding and problems urinating, and later, potential childbirth complications and newborn deaths.
- An estimated 100 to 140 million girls and women worldwide are currently living with the consequences of FGM.
- It is mostly carried out on young girls sometime between infancy and age 15 years.
- In Africa an estimated 92 million girls from 10 years of age and above have undergone FGM.
- FGM is internationally recognized as a violation of the human rights of girls and women.”¹¹

In contrast to male circumcision, female circumcision is outlawed in the United States and several other countries in the world.

Important: Summarize ... What's important is that no one should disrespect another person or feel bad about themselves because their body looks different. We're all capable of giving and receiving pleasure. Besides, people rarely make the decision themselves; it's one their parents make. So it makes no sense to judge people based on whether or not they've been circumcised. Whether there is foreskin or not, large labia or small, large penises or small, most people can find partners who will love them and have a healthy, pleasurable, sex life.

4. Do a quick (5 minute) lecture about sexual response using **Myths, Facts Visuals 1-3**.

Everyone always has a lot of questions about issues like orgasm and penis size and what is true and what's not. So that's what we'll talk about for the rest of the period.

a. Show **Visual 1: The Reproductive System**.

Read the slide aloud or invite a student to.

Explain: *The Reproductive System* doesn't technically include parts such as the clitoris (whose only function is sexual response), the breasts or other parts that don't directly pertain to making babies.

b. Show **Visual 2: The Sexual Response System**.

Read the slide aloud or invite a student to.

Explain: *In other words, there is plenty of overlap, but they are two different body systems – one for making babies and one for giving and receiving pleasure.*

Sexual Response is a BRAIN Thing. As Heather Corinna of the web site *Scarleteen.com* says,

“Sex is mostly between your ears, not your legs. The largest, most important and most active sexual organ of the body isn’t a penis or vagina. It’s the brain ... The brain is responsible for our emotions, our [sensations of pain and pleasure], our memories; for regulating and controlling our central nervous system, our cardiovascular system, our endocrine system and our senses.”

The hypothalamus (which is part of the endocrine system residing in the brain) sends chemical messengers called hormones – such as oxytocin, vasopressin, serotonin and dopamine -- that effect sexual feelings.

Our sexual attraction is partly chemical. But it’s also partly emotional. Your brain can override chemistry when emotions come into play. Irwin Goldstein, MD, editor in chief of the *Journal of Sexual Medicine*, explains,

“You’re rubbing up against another person on a dance floor ... You’ll feel desire, all right. But only ‘if ...’ If you’re not worried about safety, if it has been a nice day...”

If not? Your brain can block the chemicals and you just aren’t into it.¹²

- c. Show **Visual 3: Sexual Response** and explain:

Phase I: Desire

*The first phase in sexual response is **desire** (sometimes called **libido**.) Desire is more a matter of **interest** — like one’s interest in music or sports — than of **drive** — like one’s need for food or water. People can survive who have no sexual desire at all, whereas a person who never experiences hunger or thirst will probably die.*

Point out that it’s very possible to experience desire and not act on the feelings, to simply enjoy the feelings.

Phase II: Arousal

*Sometimes though, people do act on the feelings. If the person lets him or herself fantasize or begin sexual touch (alone or with someone else), desire becomes **arousal**. A number of changes begin to occur in the body.*

The change people most notice is that blood gathers in the genital area.

- In women, the extra blood fills spongy tissue in the clitoris, causing it to swell and become erect. And the blood puts pressure on the walls of the vagina, squeezing a clear fluid through, making the vagina much wetter. The labia swell and darken, the uterus enlarges and is pulled up in the lower abdomen, the vagina lengthens and widens, and the clitoris eventually withdraws under its hood.*
- In men, this extra blood fills spongy tissue in the penis, causing it to get larger and harder and stand out from the body (this is, an “erection”). The blood also puts pressure on the Cowper’s glands, causing some clear, slippery pre-ejaculatory fluid to be released.*

Point out that, just as it's possible to have desire and not move to arousal, it is also possible to have arousal and not do anything with it... except to enjoy the feelings.

Explain the concept of “**blue balls**” and dispel the belief that a person is responsible for their partner's discomfort: *It's important for us to talk about “blue balls,” a commonly held cultural belief. The term describes the swelling or “vasocongestion” that people may experience if they get turned on and don't have an orgasm. It can take hours or days for their body to return to its resting state and, in the meantime, they may experience discomfort. Contrary to popular belief, this increased pressure in the genitals happens in **both** men and women. Historically, some guys have used their discomfort, their so-called “blue balls” as an excuse to coerce a partner into sex. As in, “Oh baby, it hurts if I don't cum.” But the truth is, nobody ever died or experienced permanent harm from arousal without release. And if a person is in enough discomfort, they can take care of it themselves. Nobody needs a partner to “fix” their arousal. And coercion is always wrong, no matter what the excuse.*

Phase III: Release

Whether or not people go on fantasizing or touching, they will reach the last phase of sexual response: release.

*“**Release**” can be rather fast or more gradual. When it is fast, it begins with “**orgasm**” ... a three- to ten-second series of muscle contractions, triggered by the brain. When a woman has an orgasm, her uterus and the outer third of her vagina contract. Some women and more rarely men are able to have multiple orgasms without starting over at phase 1. When a man has an orgasm, the muscles in his abdomen and penis contract ... often forcing out semen. This is called “**ejaculating**.” Usually, a man ejaculates when he has an orgasm, but not always. Some females (between 10 and 69% in different studies)¹³ ejaculate a clear fluid that is not urine from their urethra during orgasm; this is normal and natural and women should not think they are peeing during sex if it happens. It comes from several small glands around the urethra called the Skene's glands (or sometimes the Graffenberg area or G-spot). The fluid is very similar to semen, without the sperm.*

Then, with or without orgasm, the body returns to its resting state. This happens more quickly -- within minutes or hours -- if a person has had an orgasm. Without an orgasm, this return-to-normal stage takes hours or as much as a couple of days. People often describe their feelings during this time as peace and well-being. If a couple has been making love, this period of gradual return-to-normal can be a very close, important time for them.

5. Use a small group activity and *The Sexual Myths Worksheet* and *Myth & Fact Reference Cards* to identify and debunk myths.

Divide the class into 13 groups of 2-3 students per group. Give each group one *Reference Card* and give each individual student one copy of the *Sex & Sexual Response Worksheet: Myths & Facts*.

Each group should quietly read their *Reference Card* aloud to one another, discuss it, and be prepared to explain it in their own words. Then they should decide which **ONE** of the *Worksheet* statements they can answer based on their *Reference Card*. Each group will

have the resources to help the class answer a different one of the *Worksheet* statements. Tell them to wait to fill out the Worksheet until you can do it together in the large group. Give the groups 5 minutes to do their reading and discussion.

Then invite one group at a time to explain their card. The class can guess and/or the small group can tell the class which Worksheet item they feel their card answers and what the answer is.

Answers are as follows:

TRUE 1. Masturbating is safe and does not affect a man's sperm count. (**You can add:** *or anything else about his health*)

TRUE 2. The majority of men and women masturbate. (**You can add:** *but the decision is entirely personal based on that person's culture, religion and personal feelings and values. Plenty of people don't.*)

FALSE 3. Men want sex most of the time; women don't want it as much. (**You can add:** *Simply put: that's a stereotype. Many normal, healthy people don't fit the stereotype.*)

FALSE 4. Alcohol improves sex for the majority of people. (**You can add:** *It messes with people's decision-making and can lead to sexual risk-taking. But it doesn't necessarily make sex more fun and can even make it difficult to do.*)

FALSE 5. Anal sex is what gay men do. (**You can add:** *Simply put: that's a stereotype. Some do; some don't. And some straight people do, too. Every couple is different.*)

FALSE 6. Sex is better for men with larger penises and for their partners. (**You can add:** *It's an overgeneralization. Some people care about their partner's penis size. Many care more about how gentle or responsive or funny or protective he is.*)

TRUE 7. There might be a medical cause if a man cannot get an erection. (**You can add:** *but more often it is psychological – a matter of guilt, fear, etc. -- or just a matter of too many beers.*)

TRUE 8. There might be a medical cause if a woman isn't interested in sex. (**You can add:** *but more often it is psychological – a matter of guilt, fear, etc. -- or just a matter of too many beers.*)

TRUE 9. Many women do not have orgasms every time they have vaginal sex (intercourse). (**You can add:** *As a woman gets to know her body she will figure out what leads to orgasm. Then she can explain it to a partner.*)

FALSE 10. If you have a little experience, you can tell what the other person wants, without their having to tell you. (**You can add:** *If you learned anything in this class, I hope it is that every person is different and that couples have to communicate if they want to successfully abstain from any kind of sex, avoid pregnancies, keep from giving one another infections and have a respectful, satisfying sex life.*)

FALSE 11. Only men have erections and produce fluid during sexual excitement. (**You can add:** *Men's and women's bodies are actually more alike than most people realize.*)

TRUE 12. Men can have happy, healthy sex lives whether or not they are circumcised.

TRUE 13. Female circumcision is banned in the United States.

6. Close with a take-away messages activity.

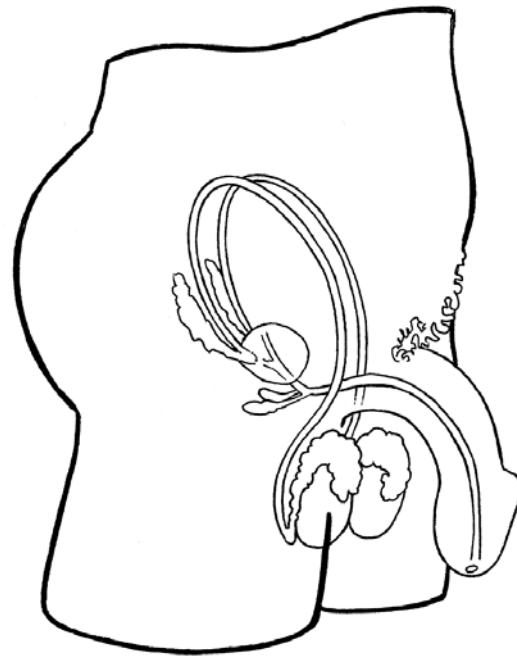
Ask students to imagine that it is this evening. Their best friend or a family member to whom they are really close asks them what this sex ed unit has been like ... what they've learned or what they most remember and how they'll use what they have learned. Ask them to think about what they would say. Invite people to share if they wish.

NOTE: There is no homework for this lesson.

Myths, Facts Visual 1:

The Reproductive System

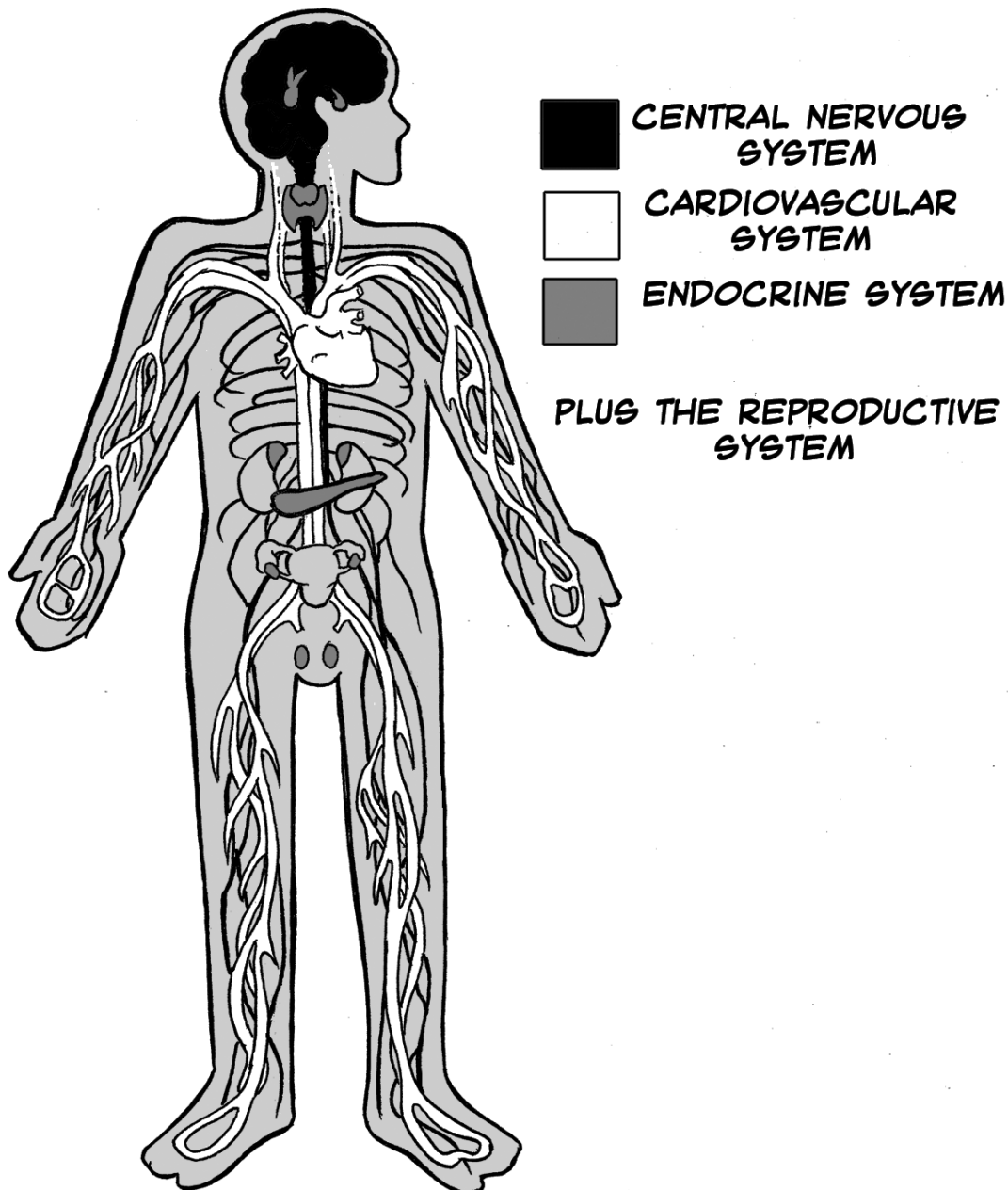
the set of organs & structures which have to do with creating babies



Myths, Facts Visual 2:

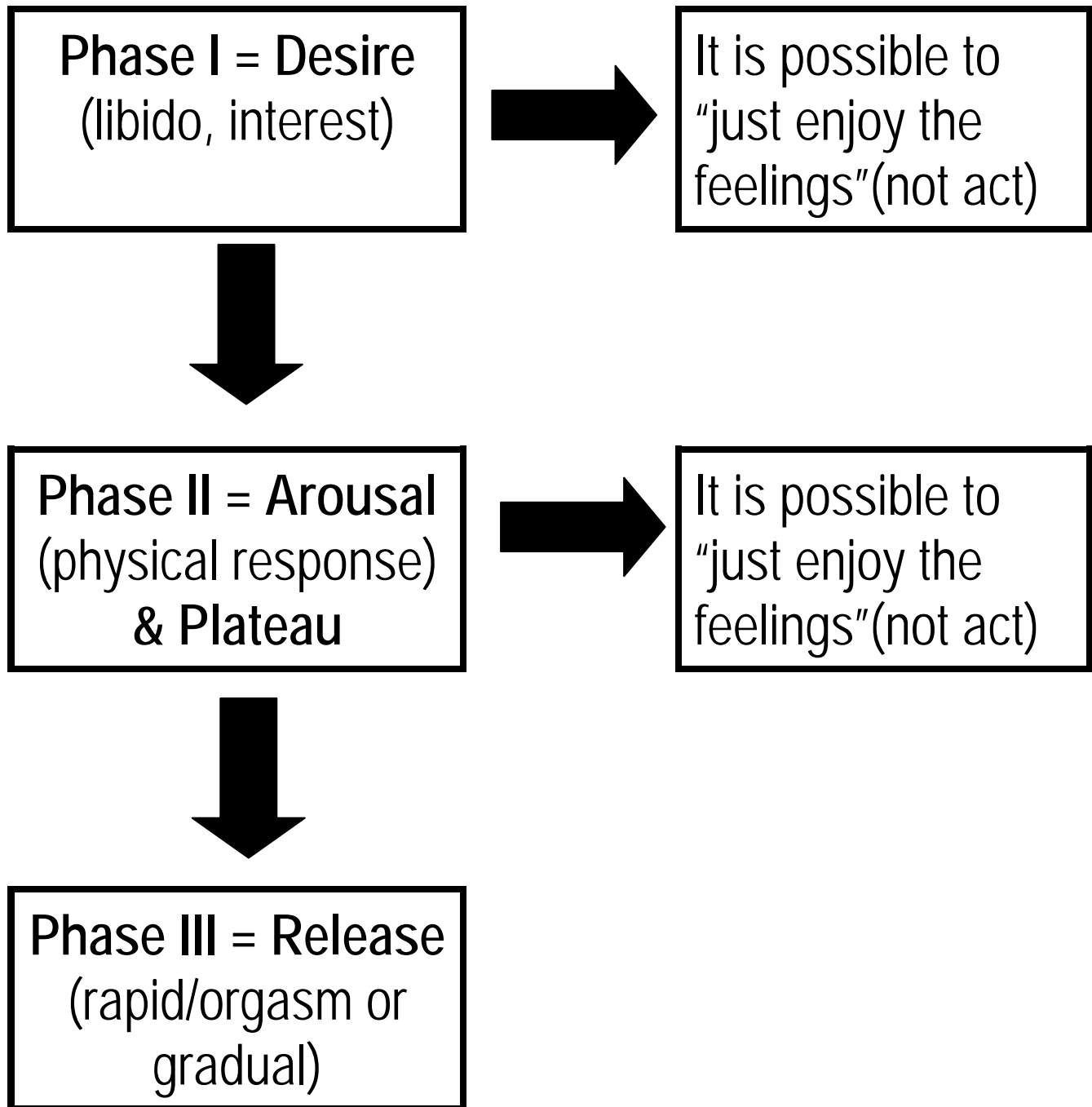
The Sexual Response System

the organs & structures which have to do with sexual feelings



Myths, Facts Visual 3:

Human Sexual Response



Sex & Sexual Response Worksheet:

Myths & Facts

In your small group, read your Reference Card, discuss it, and be prepared to explain it in your own words. Decide which **ONE** of these statements below you can answer based on your Reference Card.

Don't fill out this Worksheet yet. We'll do that in a large group.

Which statements are **True (T)**? Which ones are **False (F)** -- untrue altogether or a stereotype or other generalization?

- ___ 1. Masturbating is safe and does not affect a man's sperm count.
- ___ 2. The majority of men and women masturbate.
- ___ 3. Men want sex most of the time; women don't want it as much.
- ___ 4. Alcohol improves sex for the majority of people.
- ___ 5. Anal sex is what gay men do.
- ___ 6. Sex is better for men with larger penises and for their partners.
- ___ 7. There might be a medical cause if a man cannot get an erection.
- ___ 8. There might be a medical cause if a woman isn't interested in sex.
- ___ 9. Many women do not have orgasms every time they have vaginal sex (intercourse).
- ___ 10. If you have a little experience, you can tell what the other person wants, without their having to tell you.
- ___ 11. Only men have erections and produce fluid during sexual excitement.
- ___ 12. Men can have happy, healthy sex lives whether or not they are circumcised.
- ___ 13. Female circumcision is banned in the United States.

Myth & Fact Reference Cards 1-4

According to urologist Erik Castle, M.D., who answers questions on the Mayo clinic web site, "Frequent male masturbation doesn't reduce sperm count. Actually, not having an orgasm (ejaculating) for several days or more may lower [a man's] fertility ... Having sexual intercourse with ejaculation several times a week will maximize [his] chances of getting [his] partner pregnant, whether [he] masturbate[s] or not."¹⁴

Masturbation also doesn't cause blindness, or hair on the palms, or mental illness. It doesn't harm the body in any way.

One study of 14-17 year-olds found that 8 in 10 boys and 5 in 10 girls had masturbated.¹⁵

Among adults, about 9 in 10 men 7 in 10 women masturbate.¹⁶

In other words it's very common to masturbate. Still, plenty of people in those studies *didn't* masturbate. The point is it's common either way.

People should decide whether to masturbate based on their own beliefs, not what other people do.

Consumer Reports did a nationally representative study of 1,000 adults. They reported, "Nearly 60 percent of the men in our survey said they thought about sex at least once a day, compared with ... 19 percent of the women."¹⁷ That means that 40% (4 in 10) men do NOT think about sex so much, while 19% (2 in 10) women DO. Beware of stereotypes. Each person is unique. Some have higher levels of desire than others. Sadly, some guys beat themselves up for not thinking about sex as much as the media says they should. And some women think there's something wrong with them because they *do* think about sex often.

The truth? There is nothing wrong with people whether they think about sex a lot or not at all.

The University of Illinois at Urbana-Champaign offers these facts:

- Prolonged drinking of alcohol alters male sexual behavior [due to gradual] destruction of the male sex hormone [making it difficult to get an erection].

- In a recent study, [of people] ages 21-30, it was found that after a few drinks they talk more and listen less. They interrupt [others] and pay little attention to what others say. Alcohol does not really help you meet people.

- Many unwanted pregnancies occur when partners are too [drunk] to use contraceptives responsibly.

- When drinking, a desire for sexual activity may increase in both males and females, while performance is decreased. Sexual pleasure is more difficult to achieve after a few drinks.¹⁸

Myth & Fact Reference Cards 5-8

- Who does what? It is very much an individual choice. But plenty of gay men do not have anal sex and plenty of straight people do. One 1994 study found that about two out of three men who've ever had any sexual experience with another man have never had anal sex at all.¹⁹

- "Among adults 25–44 years of age, 97 percent of men and 98 percent of women have had vaginal intercourse; 90 percent of men and 88 percent of women have had oral sex with an opposite-sex partner; and 40 percent of men and 35 percent of women have had anal sex with an opposite-sex partner. About 6.5 percent of men 25–44 years of age have had oral or anal sex with another man. Based on a differently worded question, 11 percent of women 25–44 years of age reported having had a sexual experience with another woman."²⁰

- Almost every guy sometimes has trouble getting or keeping an erection. Often it is a simple matter of being under stress or having had a couple of beers. Worrying a lot about it can make it happen again, because the brain is such an important part of sexual response. Some long-term erection problems are caused by something physical (alcohol, nicotine or other drugs or medical factors) and others are caused by psychological factors (myths, feelings).

- If he has trouble getting or keeping an erection more than 1 time out of 4 and if he doesn't get erections in his sleep then he might want to get a check-up.²³

- A lot of young men worry about the size of their penises. They can stop worrying.

- (1) They may be stressing before they're even done growing. Some guys continue to grow until age 19 (5 years from when they started).²¹

- (2) They might be comparing their penis to ones in porn films. Those actors are chosen because they're unusually big. Then camera angles make them look even bigger. Normal guys don't look like that.

- (3) Penis size rarely has much relationship to either person's enjoyment. Sure some partners have preferences – sometimes because they learned they should, but the most important factor is how he makes love, not how he's built.

- (4) Companies that sell penis-enlargement products and procedures want guys to feel inadequate. But there's no evidence that what they sell actually works; it *can* be dangerous. They want to rip you off!²²

- Plenty of young people – guys as well as girls – are not especially interested in sex yet. But if, as a person gets older, they don't seem to get attracted to anyone ever – or if they have had sexual feelings in the past but they seem to have disappeared – there can be both physical and psychological reasons.

- Lack of desire can be caused by such things as diabetes, heart disease, alcoholism and other drug abuse, and certain medications (even some types of birth control). It can just as easily be caused by stress, anxiety, guilt, fear, depression or having been sexually abused. If a person is worried they might want to get a check-up.²⁴

Myth & Fact Reference Cards 9-12

- Many people, especially many young women, haven't yet figured out how to have an orgasm – what kinds of fantasy and what kinds of touching work for them.

- Even among adult women, Heather Corinna of Scarleteen.org says, "Around 70% of ... women do not usually ... experience a sexual climax from penis-in-vagina intercourse alone."²⁵

- They may need direct touching of their clitoris to be able to have orgasms. And they may also need to slow down and enjoy the journey. It takes different people's bodies different amounts of time to get aroused and to reach orgasm.

- That said, sex doesn't have to include orgasm to be entirely enjoyable. It isn't a competition with a goal; it's a way of enjoying each other.

- Both men and women have tissue that fills with blood (an erection) during sexual arousal – in men the penis, in women the clitoris.

- Men release fluid from the Cowper's glands (pre-ejaculate or pre-cum) before orgasm and, usually, semen during orgasm.

- During arousal, the vagina secretes a slippery fluid. Some women release a fluid like semen (without the sperm) from the vagina during orgasm.

- Communication is so important. Nobody is a mind-reader. And experience with other people (or with fictional characters in movies or books), doesn't tell you what this person likes or feels OK about. Only he or she knows what he or she prefers (gentler, less gentle, faster, higher, etc.) and this will vary with time and circumstances. It's important for each person in a couple to speak up about his or her feelings, and what he or she likes and dislikes.

- If people aren't able to talk about things like pregnancy and disease prevention or about what does and doesn't feel right or good, then maybe they aren't ready to be sexually intimate ... even if they are in their 20's or 30's.

- Are there medical reasons to circumcise a baby boy? Not major ones. It prevents some urinary infections and reduces the rate of already-rare cancer of the penis. There isn't enough evidence of medical benefits for doctors to routinely recommend it.²⁶

- Does circumcising a boy reduce his sensation? Research is inconclusive. Some people feel strongly that it is important to circumcise a baby boy; others feel just as strongly that it's wrong.

- What is clear, however, is that whether or not a man has a foreskin, he can still have a happy, fulfilling sex life.

Myth & Fact Reference Card 13

- In some cultures, female genital cutting is
- widespread. It is common in parts of
- Africa, Asia and in some Arab Countries
- and among certain immigrant communities
- in Europe, Australia, Canada and the
- United States. Parents may have their
- daughters' "circumcised" at birth, during
- childhood, or at puberty.

- In the United States, however, the
- procedure is illegal. And a growing number
- of countries around the world are banning
- it as well.

- The World Health Organization says it has
- no health benefits. They explain that it can
- cause great harm to girls and women
- including infections, infertility,
- complications during childbirth and deaths
- among newborns. They consider it "a
- violation of the human rights of girls and
- women."

References

- ¹ Healthcare Cost and Utilization Project. (2008, January). *Statistical Brief #45 Circumcisions Performed in US Community Hospitals, 2005*. Retrieved from www.hcup-us.ahrq.gov/reports/statbriefs/sb45.jsp
- ² The map in this document will show you global male circumcision rates:
www.who.int/hiv/mediacentre/infopack_en_2.pdf
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